

INDIANA

# PLAN OVERVIEW

Individual and Family Health Insurance Plans



UNICARE®

A Healthy Dose of Innovation®

UniCare is a WellPoint Company

UniCare Individual health plans allow you to choose the plan that best fits the needs of you and your family.

The UniCare PPO plans offer you a wide variety of benefit options with varying deductible levels, while the HSA plan provides you with premium savings, investment opportunities, and tax advantages.

Refer to the chart on the following pages to compare the benefits of all plans.

# Plan Overview

## Individual and Family Medical Insurance Plans

All plans feature a \$5,000,000 per member lifetime maximum in benefits.

The matrices on the following pages are intended to help you compare UniCare® plan benefits and reflect UniCare's payment for covered expenses after the annual and out-of-network deductibles are met. When you use UniCare independently contracted participating (in-network) providers, your costs are based on a specially negotiated rate for UniCare that may often save you money.

When you use nonparticipating (out-of-network) providers, your costs are based on charges deemed by UniCare to be reasonable for that service and area. Reasonable charges may be less than your provider's billed charges and often result in higher costs to you.

Refer to ProviderFinder on the UniCare Web site at [www.unicare.com](http://www.unicare.com) or ask your agent how to determine which providers in your area are participating providers before you sign an application for coverage.

The UniCare PPO Plans and the UniCare Saver 2000 plan feature a fourth-quarter carry-over for the annual deductible. If your annual deductible is not satisfied in a given year, the covered expenses incurred during the months of October through December will be applied toward your annual deductible for the following year.

## HSA-Compatible Health Insurance Plans

UniCare offers HSA-Compatible health insurance plans so you can choose the right coverage for you and your family.

An HSA is a Health Savings Account established exclusively to pay for current and future qualified medical expenses of eligible individuals. In order for individuals or families to qualify for a Health Savings Account (HSA), they must be enrolled in a High-Deductible Health Plan (HDHP). UniCare's HDHPs are HSA-Compatible, designed to meet certain requirements in terms of annual deductibles and annual out-of-pocket expense maximums.

The HDHPs are provided by UniCare Life & Health Insurance Company (UniCare). The HSA is not administered by UniCare, but by a bank or financial institution that is qualified to provide this service. Through an arrangement with JPMorgan Bank, N.A. (Chase)<sup>1</sup>, UniCare can offer the convenience of applying for both an HSA and HDHP together. Rather than applying for an HDHP, then finding a bank and going through another enrollment process for your HSA, you can take care of both steps at once.

What is the advantage of an HSA?

- An HSA works in conjunction with your UniCare HDHP. The HDHP provides benefits for covered medical services once applicable deductibles are satisfied. The funds you deposit in to your HSA can be used to pay for medical expenses applied to your deductible.
- When HSA funds are used for eligible health care expenses, HSA withdrawals are tax-advantaged.<sup>2</sup>

<sup>1</sup>JPMorgan Chase Bank, N.A. (Chase). Chase is an independent company that is not affiliated with, or owned or controlled, in whole or part, by UniCare or any of its affiliates, subsidiaries or its parent company. The HSA with Chase is governed by the terms and conditions of the contract that individuals have with Chase regarding those accounts and UniCare has no control, nor does it exercise any control, over the contractual relationship between individuals and Chase.

<sup>2</sup>A high-deductible plan is not an HSA. An HSA, which must be established for tax-advantaged treatment, is a separate arrangement between the individual and a bank or other qualified institutions. You must be an eligible individual under IRS regulation to receive the tax benefits of an HSA. Consultation with a tax advisor is recommended.

# Individual and Family Medical Insurance Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Your Plan Features	NO DEDUCTIBLE		UNICARE 500		UNICARE 1000		UNICARE 1500	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Deductible <sup>1</sup> Two-member family maximum	None	\$1,000	\$500	\$1,500	\$1,000	\$2,000	\$1,500	\$2,500
Out-of-Pocket Max. <sup>1</sup> In addition to deductible	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K
Lifetime Maximum	\$5 million		\$5 million		\$5 million		\$5 million	
Office Visits All medical office visits and exams for any covered illness or injury	100% after \$30 copay; unlimited visits	60%	First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 80% after deductible	60%	First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 80% after deductible	60%	First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 70% after deductible	60%
Child Preventive Care Well Baby/Children (through age 6) Office Visits/Immunizations	80%	60%	80%	60%	80%	60%	70%	60%
Adult Preventive Care Office Visits	80%	60%	80%	60%	80%	60%	70%	60%
Routine Pap smear, annual mammogram, PSA screening and colorectal cancer screening	80%	60%	80%	60%	80%	60%	70%	60%
Other Routine Care Services such as flu shots or routine physical exams/tests (\$200 max. benefit)	80%	60%	80%	60%	80%	60%	70%	60%
Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits	80%	60%	80%	60%	80%	60%	70%	60%
Lab Work and X-rays	80%	60%	80%	60%	80%	60%	70%	60%
Inpatient Hospital Services <sup>2</sup>	80%	60% after \$500 penalty for non-emergency	80%	60% after \$500 penalty for non-emergency	80%	60% after \$500 penalty for non-emergency	70%	60% after \$500 penalty for non-emergency
Outpatient Medical Care <sup>3</sup>	80%	60%	80%	60%	80%	60%	70%	60%
Initial Care for a Medical Emergency <sup>2,3</sup> Inpatient or Outpatient	80%	80% <sup>4</sup>	80%	80% <sup>4</sup>	80%	80% <sup>4</sup>	70%	70% <sup>4</sup>
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year	
Ambulatory Surgical Center <sup>2</sup>	80%	60%	80%	60%	80%	60%	70%	60%
Ambulance Service \$750 max. air or ground	80%	60%	80%	60%	80%	60%	70%	60%
Durable Medical Equipment	80%	60%	80%	60%	80%	60%	70%	60%
Prescription Drugs <sup>5</sup> Retail Pharmacy, per prescription, 30-day supply	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay	<b>Generic:</b> 50% of avg. wholesale price; <b>Brand Name:</b> 40% of avg. wholesale price	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$50 deductible	<b>Generic:</b> 50% of avg. wholesale price; <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$50 deductible	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$100 deductible	<b>Generic:</b> 50% of avg. wholesale price; <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$100 deductible	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$150 deductible	<b>Generic:</b> 50% of avg. wholesale price; <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$150 deductible

<sup>1</sup>Copays do not apply toward satisfying any deductible. Pharmacy copays do not apply toward your Annual Deductible and Out-of-Pocket Maximum.

<sup>2</sup>Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible or penalty.

<sup>3</sup>Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 deductible.

UNICARE 2000		UNICARE 3000		UNICARE 5000		UNICARE SAVER 2000		Your Plan Features
IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	
\$2,000	\$3,000	\$3,000	\$4,000	\$5,000	\$6,000	\$2,000	\$3,000	Deductible <sup>1</sup> Two-Member family maximum
Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Member: \$3K Family: \$6K	Member: \$10K Family: \$20K	Out-of-Pocket Max. <sup>1</sup> In addition to deductible
\$5 million		\$5 million		\$5 million		\$5 million		Lifetime Maximum
First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 70% after deductible	60%	First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 70% after deductible	60%	First 4 visits: 100% after \$30 copay (deductible waived); 5+ visits: 70% after deductible	60%	First 2 visits <sup>6</sup> : 100% after \$30 copay (deductible waived); 3+ visits: not covered	First 2 visits <sup>6</sup> : 60% after \$30 copay (deductible waived); 3+ visits: not covered	Office Visits All medical office visits and exams for any covered illness or injury
70%	60%	70%	60%	70%	60%	Not Covered		Child Preventive Care Well Baby/Children (through age 6) Office Visits/Immunizations
70%	60%	70%	60%	70%	60%	See Office Visit benefit above		Adult Preventive Care Office Visits
70%	60%	70%	60%	70%	60%	70%	60%	Routine Pap smear, annual mammogram, PSA screening and colorectal cancer screening
70%	60%	70%	60%	70%	60%	Not Covered		Other Routine Care Services such as flu shots or routine physical exams/tests (\$200 max. benefit)
70%	60%	70%	60%	70%	60%	70% <sup>7</sup>	60% <sup>7</sup>	Professional Services Surgery, anesthesia, radiation therapy and in-hospital doctor visits
70%	60%	70%	60%	70%	60%	70%; \$300 max. per member per year (no deductible) <sup>6</sup>	60% with a maximum payment of \$300 per member per year (no deductible) <sup>6</sup>	Lab Work and X-rays
70%	60% after \$500 penalty for non- emergency	70%	60% after \$500 penalty for non- emergency	70%	60% after \$500 penalty for non- emergency	70%	60% after \$500 penalty for non- emergency	Inpatient Hospital Services <sup>2</sup>
70%	60%	70%	60%	70%	60%	70%	60%	Outpatient Medical Care <sup>3</sup>
70%	70% <sup>4</sup>	70%	70% <sup>4</sup>	70%	70% <sup>4</sup>	70%	70% <sup>4</sup>	Initial Care for a Medical Emergency <sup>2,3</sup> Inpatient or Outpatient
\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		Not Covered		Physical/Occupational Therapy and Acupuncture/Acupressure
70%	60%	70%	60%	70%	60%	70%	60%	Ambulatory Surgical Center <sup>2</sup>
70%	60%	70%	60%	70%	60%	70%	60%	Ambulance Service \$750 max. air or ground
70%	60%	70%	60%	70%	60%	Not Covered		Durable Medical Equipment
<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$200 deductible	<b>Generic:</b> 50% of avg. wholesale price; <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$200 deductible	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$300 deductible	<b>Generic:</b> 50% of avg. wholesale price <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$300 deductible	<b>Generic:</b> 100% after \$10 copay; <b>Brand Name:</b> 100% after \$25 copay and add'l \$500 deductible	<b>Generic:</b> 50% of avg. wholesale price <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$500 deductible	<b>Generic:</b> 50% of avg. wholesale price <b>Brand Name:</b> 100% after \$10 copay; add'l \$200 deductible	<b>Generic:</b> 50% of avg. wholesale price <b>Brand Name:</b> 40% of avg. wholesale price after add'l \$200 deductible	Prescription Drugs <sup>5</sup> Retail Pharmacy, per prescription, 30-day supply

<sup>4</sup>Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to a \$500 deductible.

<sup>5</sup>Certain Prescription drugs may require prior authorization by UniCare.

<sup>6</sup>In-network and Out-of-network combined.

<sup>7</sup>For limited professional services.

# HSA-Compatible Health Insurance Plans Comparison Chart

UniCare's payment for covered expenses after deductible, per member, per year unless otherwise noted

Your Plan Features	HIGH DEDUCTIBLE (HSA-COMPATIBLE) VARIABLE DEDUCTIBLE PLAN		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 2		HIGH DEDUCTIBLE (HSA-COMPATIBLE) PLAN 3	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible Per Member (Medical and Pharmacy combined)	Member: \$1,100 <sup>6</sup> Family: \$2,200 <sup>6</sup>	Member: \$5,100 Family: \$10,200	Member: \$2,600 Family: \$5,200	Member: \$6,600 Family: \$13,200	Member: \$5,000 Family: \$10,000	Member: \$9,000 Family: \$18,000
Out-of-Pocket Max. <sup>1</sup>	Member: \$5K Family: \$10K	Member: \$15K Family: \$20K	Member: \$5K Family: \$10K	Member: \$15K Family: \$20K	Member: \$5K Family: \$10K	Member: \$15K Family: \$20K
Lifetime Maximum	\$5 million		\$5 million		\$5 million	
Office Visits All medical office visits and exams for any covered illness or injury. Visits associated with preventive care for babies and children (through age 6). Visits associated with a routine Pap smear, annual mammogram, colorectal cancer screening or PSA screening.	80%	60%	80%	60%	100%	60%
Child Preventive Care Immunizations for babies and children (through age 6)	80%	60%	80%	60%	100%	60%
Adult Preventive Care Lab/X-ray for a routine Pap smear, annual mammogram, colorectal cancer screening of PSA screening	80%	60%	80%	60%	100%	60%
Professional Services Surgery, anesthesia, radiation therapy, in-hospital doctor visits and diagnostic X-ray/lab	80%	60%	80%	60%	100%	60%
Inpatient Hospital Services <sup>2</sup>	80%	60%	80%	60%	100%	60%
Outpatient Medical Care <sup>3</sup>	80%	60%	80%	60%	100%	60%
Initial Care for a Medical Emergency <sup>2,3</sup> Inpatient or Outpatient	80%	80% <sup>4</sup>	80%	80% <sup>4</sup>	100%	100% <sup>4</sup>
Physical/Occupational Therapy and Acupuncture/Acupressure	\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year		\$30 max. per visit 12 visits max. per year	
Ambulatory Surgical Center <sup>2</sup>	80%	60%	80%	60%	100%	60%
Ambulance Service \$1K max. ground; \$5K max. air	80%	60%	80%	60%	100%	60%
Durable Medical Equipment	80%	60%	80%	60%	100%	60%
Prescription Drugs <sup>5</sup> Deductible applies, Retail Pharmacy, per prescription, 30-day supply	<b>Generic:</b> \$10 copay; <b>Brand Name Formulary:</b> \$30 copay <b>Brand Name Nonformulary:</b> \$50 copay	<b>Generic and Brand Name:</b> UniCare pays 50% of the avg. wholesale price	<b>Generic:</b> \$10 copay; <b>Brand Name Formulary:</b> \$30 copay <b>Brand Name Nonformulary:</b> \$50 copay	<b>Generic and Brand Name:</b> UniCare pays 50% of the avg. wholesale price	<b>Generic and Brand Name:</b> UniCare pays 100%	<b>Generic and Brand Name:</b> UniCare pays 50% of the avg. wholesale price

<sup>1</sup>Once the in-network out-of-pocket maximum has been met, covered services obtained from an in-network provider, including prescription drugs, will be covered at 100%. Once the out-of-network out-of-pocket maximum has been met, covered services obtained from an out-of-network provider, including prescription drugs, will be covered at 100%.

<sup>2</sup>Services may require preservice review or authorization by UniCare or you will be required to pay an additional deductible or penalty.

<sup>3</sup>Emergency room visits that do not result in an inpatient admission will be subject to an additional \$60 charge.

<sup>4</sup>Until transferable to a participating hospital; if stay continues thereafter, then 60% subject to applicable deductibles.

<sup>5</sup>Certain Prescription Drugs may require prior authorization by UniCare.

<sup>6</sup>The annual deductible will reflect the U.S. Treasury's minimum deductible requirements for HSA qualified high-deductible health plans. The amount is subject to change annually.

# Additional Benefits

## HealthyExtensions

HealthyExtensions<sup>1</sup> is an innovative program designed to help you and your family take a personal path toward wellness. As a UniCare member, you are automatically eligible to receive discounts of up to 50 percent on a variety of alternative health care and wellness products and services offered by independent vendors. Examples of products and services include:

- Vitamins and nutritional supplements
- Massage therapy and registered dietician network
- Health and fitness clubs
- Weight management
- Hearing aids
- Eyeglasses and contact lenses
- LASIK
- Skin care products

## MedCall

MedCall® gives you access to nurse counselors who can provide you with medical information 24-hours a day, seven days a week. At no additional cost to you, this telephone hotline provides answers to many health questions including symptoms, procedures and alternatives, and medication side effects.

## Individual and Family Dental Insurance Plan Coverage

Good oral health is a quality of life issue, affecting both your mental and physical wellness. UniCare offers the Individual and Family Dental PPO Plan to provide affordable coverage for regular dental care. With UniCare's dental coverage you have:

- Access to quality care at discounted fees
- A wide range of dental services for preventive, diagnostic, basic and major dental care

- Freedom to choose any dentist
- Additional savings for visiting an independently contracted, in-network dentist
- An annual deductible of \$50 per person or \$150 per family, waived for preventive and diagnostic services performed by a contracted dentist

For more information about the Individual and Family Dental PPO Plan, please call your UniCare agent or visit the UniCare Web site at [www.unicare.com](http://www.unicare.com).

## 10-Day Free Look

Once your plan booklet arrives, you have 10 full days to examine and either accept or decline coverage. By returning the plan booklet with a written request to cancel, you are notifying UniCare of your request to discontinue coverage. We will proceed to cancel your coverage as of the original effective date and refund any premium you have paid. After 10 days, you may cancel by sending UniCare a written notice. Upon receipt of the request, UniCare will cancel your policy the first of the following month or a later date specified in the notice. UniCare shall cancel and refund the excess of paid premium.

## Mail Service Prescription Drugs

In addition to filling your prescriptions at a retail pharmacy, you may opt for the convenience of ordering a 60-day supply through PrecisionRx<sup>®2</sup> by mail, phone or online. For mail order prescriptions, your copay will be double that of the retail pharmacy since you are ordering a 60-day supply. Brand name deductibles and pharmacy maximums apply.

<sup>1</sup>The HealthyExtensions program is provided as a service to our members. These are not insurance benefits and are subject to change or cancellation without notice. Services and products provided by independent vendors that are not affiliated with UniCare, its affiliates, subsidiaries, or parent company.

<sup>2</sup>Pharmacy benefit management services provided by Professional Claim Services, Inc. dba WellPoint Pharmacy Management.

## Additional Benefits *continued*

### Individual Term Life Insurance

Enjoy the security and peace of mind by knowing you can help meet your family's financial needs even if you're not there to provide for them. There are some great reasons to add life insurance to your UniCare Individual medical coverage:

- Life insurance provides a financial safeguard for your family
- No additional forms to fill out
- No medical exams
- One bill for medical and life coverage
- Available with all UniCare medical plans, subject to underwriting
- You may choose life insurance for all of your eligible family members
- Adult coverage is available for as little as \$2.80<sup>1</sup> per month (child coverage for as little as \$1.50 per month)

### Platinum Network Travel Access— Peace of Mind While You Travel

Travel Access is available to UniCare plan members at no additional premium cost. When you or one of your family members needs medical care while traveling outside of your local provider network, but within the continental United States, Travel Access can help you get connected.

When you call your Travel Access representative, you will be provided with the name, address and phone number of an independently contracted doctor or hospital that is within the UniCare expanded provider network. The doctor will help address your health concern and submit the claim forms to UniCare on your behalf so that your health care benefits are applied.

## Limitations

### Ambulance Services

For all plans except the UniCare HSA-Compatible plans, ambulance services are limited to a maximum covered expense of \$750 per trip (air or ground). For the UniCare High-Deductible (HSA-Compatible) Plans, ambulance services are limited to a maximum covered expense of \$5,000 per trip for air transport or \$1,000 per trip for ground transport.

### Home Health Care

Limited to a combined maximum of 60 visits each year.

### Skilled Nursing Facilities

Limited to a maximum covered expense of \$400 per day, and 100 days per year.

### Physical, Occupational Therapy/Medicine and Acupuncture/Acupressure

Benefits are payable up to \$30 per visit with a combined maximum of 12 visits per year.

### Hospice

Limited to a lifetime maximum payment of \$10,000.

### Smoking Cessation

Benefits for any smoking cessation program designed to end the dependency on nicotine are payable up to a maximum of \$50 per lifetime.

### Diabetes

Covered expenses for diabetes equipment and diabetes supplies are subject to a maximum of \$500 per year.

### Other Preventive Care Services

For the UniCare Premier and the UniCare 500, 1000, 1500, 2000, 3000, and 5000 are plans limited to a maximum covered expense of \$200 per member, per year.

## Additional Limitations for the UniCare Saver 2000 Plan:

### Office Visits

Limited to two office visits per member, per year, for participating and nonparticipating providers combined.

### Lab Work and X-ray

Payment is provided for X-ray and lab work (non-hospital based) up to a maximum payment of \$300 per member, per year, with deductible waived, participating and nonparticipating providers combined.

### Prescription Drugs

Limited to a maximum payment of \$500 per member per year. Includes generic and brand name drugs, participating and nonparticipating retail and mail service combined.

<sup>1</sup>Issuance of the Term Life insurance policy will depend on accurate answers to health questionnaires contained in the enrollment application. The rates for term life insurance will change based on the applicant's age. The policy is issued for a one-year term, renewable at the policyholder's option. The rate schedule may be changed at the beginning of any annual term. Term life insurance coverage is subject to the written provisions of the policy issued by UniCare. You should consult with your UniCare agent regarding the specific terms and provisions of the policy.



# Exclusions

- Any amounts in excess of maximum amounts of covered expenses.
- Services not specifically listed in the plan as covered services.
- Services or supplies that are not medically necessary.
- Services or supplies that UniCare considers to be experimental or investigative procedures.
- Services received before the effective date of coverage or during an inpatient stay that began before the effective date.
- Services received after coverage ends.
- Services for which you have no legal obligation to pay or for which no charge would be made if you did not have a health plan or insurance coverage.
- Any condition for which benefits are recovered or can be recovered, either by adjudication, settlement or otherwise, under any Workers' Compensation, employer's liability law or occupational disease law, even if you do not claim those benefits.
- Any intentionally, self-inflicted injury or illness.
- Conditions caused by (a) an act of war; (b) the inadvertent release of nuclear energy when government funds are available for treatment of illness or injury arising from such release of nuclear energy; (c) an insured person participating in the military service of any country; (d) an insured person participating in an insurrection, rebellion, or riot; (e) services received as a direct result of an insured person's commission of, or attempt to commit a felony; or as a direct result of the insured person being engaged in an illegal occupation; (f) an insured person, being under the influence of illegal narcotics or non-prescribed controlled substances unless administered on the advice of a physician.
- Any services provided by a local, state or federal government agency except when payment under this plan is expressly required by federal or state law.
- If you are eligible for Medicare, any services covered by Medicare under Part A or B are excluded from consideration of payment regardless of actual enrollment in Medicare or payment by Medicare for those services.
- Any services for which payment may be obtained from any local, state or federal government agency (except Medicaid). Veterans Administration hospitals and military treatment facilities will be considered for payment according to current law.
- Professional services received or supplies purchased from yourself, a person who lives in the insured person's home or who is related to the insured person by blood, marriage or adoption, or the insured person's employer.
- Inpatient or outpatient services of a private duty nurse.
- Inpatient room and board charges in connection with a hospital stay primarily for environmental change, physical therapy or treatment of chronic pain; custodial care or rest cures; services provided by a rest home, a home for the aged, a nursing home or any similar facility service.
- Inpatient room and board charges in connection with a hospital stay primarily for diagnostic tests which could have been performed safely on an outpatient basis.
- Treatment of drug or other substance addiction or abuse, except for treatment of alcoholism as specifically provided for in the plan.
- Dental services.
- Orthodontic dental implants or any associated procedure.
- Hearing aids.
- Routine hearing tests except as provided under Well Baby and Well Child Care.
- Optometric services, eye exercises including orthoptics, eyeglasses, contact lenses, routine eye exams, and routine eye refractions, except as specifically stated in the plan.
- An eye surgery solely for the purpose of correcting refractive defects of the eye.
- Outpatient speech therapy.
- Any drugs (including but not limited to drug samples), medications, or other substances dispensed or administered in any outpatient setting except as specifically stated in the plan. This includes, but is not limited to items dispensed by a physician.

## Exclusions *continued*

- Cosmetic surgery or other services for beautification, including any medical complications that are generally predictable and associated with such services by the organized medical community. This exclusion does not apply to reconstructive surgery to restore a bodily function or to correct a deformity caused by injury or congenital defect of a newborn child, or to medically necessary reconstructive surgery performed to restore symmetry incident to a mastectomy.
- Procedures or treatments to change characteristics of the body to those of the opposite sex. This includes any medical, surgical or psychiatric treatment or study related to sex change.
- Treatment of sexual dysfunction, impotence and/or inadequacy.
- All services related to the evaluation or treatment of fertility and/or infertility, including, but not limited to all tests, consultations, examinations, medications, invasive, medical, laboratory or surgical procedures, including sterilization reversals and in vitro fertilization.
- Cryopreservation of sperm or eggs.
- All nonprescription contraceptive drugs, devices, and/or supplies that are available over-the-counter or without a prescription and non-FDA approved prescription contraceptive drugs, devices, and/or supplies.
- Orthopedic shoes (except when joined to braces) or shoe inserts, including orthotics.
- Services primarily for weight reduction or treatment of obesity or any care which involves weight reduction as a main method for treatment except as specifically stated.
- Routine physical exams or tests that do not directly treat an actual illness, injury or condition, including those required by employment or government authority.
- Charges by a provider for telephone consultations.
- Items which are furnished primarily for your personal comfort or convenience (air purifiers, air conditioners, humidifiers, exercise equipment, treadmills, spas, elevators and supplies for hygiene or beautification, including wigs, etc.).
- Educational services except for diabetes self-management training and as specifically provided or arranged by UniCare.
- Nutritional counseling or food supplements.
- Any services received on or within twelve months after the effective date of coverage if they are related to a pre existing condition.
- Incidental supplies used by a provider in the administration of infusion therapy.
- Foreign country provider charges except as specifically stated in the plan.
- Growth hormone treatment except when such treatment is medically proven to be effective for the treatment of documented growth retardation due to deficiency of growth hormones, growth retardation secondary to chronic renal failure before or during dialysis, or for patients with AIDS wasting syndrome. Services must also be clinically proven to be effective for such use and such treatment must be likely to result in a significant improvement of the insured person's condition.
- Routine foot care.
- Charges for which we are unable to determine our liability because you or an insured person failed, within 60 days, or as soon as reasonably possible to (a) authorize us to receive all the medical records and information we requested, or (b) provide us with information we requested regarding the circumstances of the claim or other insurance coverage.
- Charges for animal to human organ transplants.
- Charges for normal pregnancy or maternity care, including normal delivery, elective abortions and elective non emergency cesarean sections, as long as the service is not related to complications of pregnancy.
- Drugs and medications not requiring a prescription, except insulin.
- Drugs and medications to induce nonspontaneous abortions.
- Dietary supplements, cosmetics, health or beauty aids.
- Any vitamin, mineral, herb or botanical product which does not have an FDA (Food and Drug Administration) approved indication to treat, diagnose or cure a medical condition even if it is thought to have health benefits.
- Any expense incurred in excess of the UniCare negotiated rate.
- Any drug labeled "Caution, limited by federal law to investigational use" or non-FDA approved investigational drugs. Any drug or medication prescribed for experimental indications.
- Drugs used for cosmetic purposes.

- Drugs used for the primary purpose of treating infertility or promoting fertility.
- Anorexiant or drugs associated with weight loss.
- Drugs obtained outside the United States.
- Drugs for treatment of a condition, illness, or injury for which benefits are excluded or limited by a waiver, pre-existing condition, or other contract limitation.
- Prescription drugs with a nonprescription (over-the-counter) chemical and dose equivalent.
- Lost or stolen prescriptions.

## Terms of Coverage

Coverage under the health insurance plan will remain in force at the option of the policyholder. Coverage will be canceled when you do not pay the required premiums on time; when you move out of the state; or when you, your spouse or dependent become ineligible because of a divorce or a change in dependent status. In the case of divorce and over-age dependents, UniCare will offer a similar plan.

Coverage will cease, and coverage may be rescinded back to the original effective date, in the case of fraud, misrepresentation of material fact, or if UniCare no longer offers plans of this type.

## Additional Exclusions for the UniCare Saver 2000 Plan

- Any services of a physician, except as specifically stated in the Certificate under limited professional and other services.
- Surgical procedures for sterilization.
- Acupuncture/acupressure.
- Durable medical equipment.
- Physical and/or occupational therapy/medicine, except when provided during an inpatient hospital confinement.
- Smoking cessation program or pharmaceuticals related to smoking cessation.

**These listings are an overview only. A more detailed list of each plan's limitations and exclusions can be found in the applicable Certificate of Coverage. Only the actual Certificate of Coverage provisions apply. If there are conflicts between the terms of the Certificate of Coverage and this Plan Overview, the terms of the Certificate of Coverage will prevail.**



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Sales Office  
Chicago, IL

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